

Medical Appointment

Doctor or Clinic:	Notes:
Date & Time:	
Reason for visit with timeline of symptoms:	
New problems since last visit (recent illness, sleep issues, energy level problems, changes in pain, attention span difficulty, mood issues):	
Questions for the doctor:	Future actions related to this appointment:
Goals of the appointment:	
Requests for doctor (med refill, handicap sticker, work/school note):	



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Medical Questions/Topics

Treatment update since the last visit:	Mood, anxiety, depression?
Medication changes since last visit:	Issues with concentration/memory?
Upcoming medical appointments:	Sensory issues? (sight, sound, smells)
Recent illnesses:	Light headed, dizzy, vision issues?
Falls since last visit:	Bowel, bladder issues?
Energy level:	Social issues? Trouble going out in public?
Weight gain or loss? Appetite?	Pain location(s) and severity on 1-10 scale:
Trouble falling asleep? Trouble staying asleep? Naps?	-What makes your pain better? -What makes your pain worse?